

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

URGENT CARE NURSING RECORD

OTSG APPROVED (Date)

Date: _____ Time: _____

Allergies: _____

Current meds: _____

Tetanus Toxin in last 5 years?

☐ NO ☐ YES DATE: _____

Wt: _____ lbs _____ kgs LMP: _____ Age: _____

Triage nurse: _____

Triage status: ☐ Emergent
☐ Urgent
☐ Non-urgent
☐ Referred to a primary care clinic

Patient is:

☐ Alert ☐ Oriented ☐ Disoriented ☐ Unresponsive

Chief complaint: _____

Assessment:

Vital signs:

Time							
BP							
Temp							
Pulse							
Resp							
O2 Sat							

(Continue on reverse)

Orders

Initials

Time

Remarks

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- ☐ HISTORY/PHYSICAL ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

Vital signs: (Continued from front)

[illegible]